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"Debilitating a Generation": Expert Warns That Long COVID May Eventually Affect Most Americans

By Lynn Parramore

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In a candid discussion with INET's Lynn Parramore, Dr. Phillip Alvelda highlights the imminent dangers of long COVID, criticizing governments and health agencies for ongoing preventable suffering and deaths. *This is Part 2 of a two-part interview.

Think you've grasped the full extent of COVID's ongoing impact? Think again. As Americans shrug off vaccines and forget indoor air quality, the virus stealthily continues its destructive path. This was pretty much inevitable

without new guidance urging a change in strategy and nobody telling us the full truth.

The danger is clear and present: COVID isn’t merely a respiratory illness; it’s a multi-dimensional threat impacting brain function, attacking almost all of the body’s organs, producing elevated risks of all kinds, and weakening our ability to fight off other diseases. Reinfections are thought to produce cumulative risks, and Long COVID is on the rise. Unfortunately, Long COVID is now being considered a long-term chronic illness — something many people will never fully recover from.

Dr. Phillip Alvelda, a former program manager in DARPA’s Biological Technologies Office that pioneered the synthetic biology industry and the development of mRNA vaccine technology, is the founder of Medio Labs, a COVID diagnostic testing company. He has stepped forward as a strong critic of government COVID management, accusing health agencies of inadequacy and even deception. Alvelda is pushing for accountability and immediate action to tackle Long COVID and fend off future pandemics with stronger public health strategies.

Contrary to public belief, he warns, COVID is not like the flu. New variants evolve much faster, making annual shots inadequate. He believes that if things continue as they are, with new COVID variants emerging and reinfections happening rapidly, the majority of Americans may eventually grapple with some form of Long COVID.

Let’s repeat that: At the current rate of infection, *most Americans may get Long COVID*.

In the following discussion with the Institute for New Economic Thinking, Alvelda discusses the wider social fallout from this ongoing health crisis, which could be avoided with the right mindset and action. He raises tough questions: Without robust surveillance and mitigation measures, how do we prevent future outbreaks from spiraling out of control? Is our pandemic readiness up to par for looming threats like bird flu? How do we cope with a population ravaged by the lasting impacts of Long COVID? The answers are a wake-up call.

Lynn Parramore: You’ve raised concerns about Long COVID rates surging under the radar. The National Academy’s new 265-page report is eye-opening, listing up to 200 symptoms affecting nearly every organ, hurting your ability to work, lasting months to years. They say cases of Long COVID are rising in 2024. How is this impacting people’s lives?

Phillip Alveda: Some people can get Long COVID, and maybe it ages them a little bit, but it doesn’t change them very much. But for others, their lives are devastated. The daughter of a friend was infected in 2020 and started having seizures. She had to drop out of school and couldn’t exercise. It took her four years to recover. She was just getting back to health, but a strenuous workout, a few late nights studying, and stress triggered more seizures and a setback.

A new report commissioned by the Social Security Administration in 2022 says that Long Covid is a chronic illness. People see gradual improvement in symptoms over time, but a plateau may occur 6-12 months post-infection, and only 22% fully recover within a year. Others remain stable or get worse.

LP: Those people may never get to their former health.

PA: That’s right.

LP: A recent JAMA study found that US adults with Long COVID are more prone to depression and anxiety – and they’re struggling to afford treatment. Given the virus’s impact on the brain, I guess the link to mental health issues isn’t surprising.

PA: There are all kinds of weird things going on that could be related to COVID's cognitive effects. I'll give you an example. We've noticed since the start of the pandemic that accidents are increasing. A report published by TRIP, a transportation research nonprofit, found that traffic fatalities in California increased by 22% from 2019 to 2022. They also found the likelihood of being killed in a traffic crash increased by 28% over that period. Other data, like studies from the National Highway Traffic Safety Administration, came to similar conclusions, reporting that traffic fatalities hit a 16-year high across the country in 2021. The TRIP report also looked at traffic fatalities on a national level and found that traffic fatalities increased by 19%.

LP: What role might COVID play?

PA: Research points to the various ways COVID attacks the brain. Some people who have been infected have suffered motor control damage, and that could be a factor in car crashes. News is beginning to emerge about other ways COVID impacts driving. For example, in Ireland, a driver's COVID-related brain fog was linked to a crash that killed an elderly couple.

Damage from COVID could be affecting people who are flying our planes, too. We've had pilots that had to quit because they couldn't control the airplanes anymore. We know that medical events among U.S. military pilots were shown to have risen over 1,700% from 2019 to 2022, which the Pentagon attributes to the virus.

LP: I suspect that most of the time, people don't realize that COVID or Long COVID is an underlying factor in things like accidents or just feeling more tired or foggy or generally unwell than usual.

PA: Correct. The surges in these incidents are exactly correlated with each wave of the pandemic — and I want to highlight here that they are correlated strongly with the COVID surges, and most explicitly NOT correlated with vaccine distributions. We know people are generally sicker today than before the pandemic. There are more people unable to work, there's more absenteeism, etc. All of this has gone up overall, and it's key to point out that we're not just talking about older people. The people who are proportionately most affected right now are the caregivers of school-aged children.

LP: How do vaccines safeguard us from both the short-term and long-term effects of COVID?

PA: The latest boosters/vaccines do offer SOME protection from catching the disease. And while it varies somewhat from variant to variant, that starts at about 60%, peaking 2 weeks after inoculation and lasts for about 4 months, and then after that declines at about 4% decrease in effectiveness per month thereafter.

What they do very well is prevent bad outcomes in the acute phase of infection, when one is most likely — though not certain — to have symptoms.

What they do poorly is prevent bad outcomes in the post-acute phase whether one has had symptoms or not. Recent studies have shown that the very latest booster/vaccine only offers a 20% - 25% reduction in the likelihood of Long COVID. And if you're not current on your boosters, you have essentially no additional protection from Long COVID. It's this last bit of information that public health agencies are failing to openly and clearly disclose, and most governments continue to pretend otherwise, having yet to take meaningful action to stem a growing post-COVID pandemic of disability.

LP: You've criticized the track record of the CDC and the WHO – particularly their stubborn denial that COVID is airborne.

PA: They knew the dangers of airborne transmission but refused to admit it for too long. They were warned repeatedly by scientists who studied aerosols. They instituted protections for themselves and for their kids against airborne transmission, but they didn't tell the rest of us to do that. They didn't feel like it would be advantageous, to be honest.

LP: You’ve also criticized the Biden administration for glossing over the ongoing situation during his presidency. Why the reluctance to offer clearer guidance and warnings?

PA: It’s interesting, I take part in a Global Biosecurity Working Group that played a big role in defining the nine-point plan to address the pandemic that Biden used to get elected. But the minute he was elected, he put a hedge fund guy, Jeff Zients, in charge of the pandemic response. Zients decided the best way forward was to convince people that the pandemic wasn’t happening.

We’ve seen a very troubling memo sent in February 2022 by leaders of Impact Research, one of the top political strategy and polling consultancies for President Joe Biden, on how Democrats should position themselves on COVID. Impact recommended that they should declare it over, claim victory, and keep quiet about ongoing threats and mitigation efforts. You can read the memo on the US House of Representatives web server and see how the report suggests it’d be politically more expedient to convince people the pandemic is not happening than it is to actually address it. And that’s just what the Biden administration has done. They haven’t been following science. They followed the political advice.

The Biden administration discarded almost all aspects of the nine-point plan that could have halted the pandemic, saved lives — and by the way, done better for the economy than their exclusive reliance on vaccines. They used the CDC, the WHO, and the HHS [Department of Health and Human Services] to amplify the message that the vaccine is all you need and you don’t need to worry about anything else.

LP: How would you grade Biden on how he’s handled the pandemic?

PA: I’d give him an F. In some ways, he fails worse than Trump because more people have actually died from COVID on his watch than on Trump’s, though blame has to be shared with Republican governors and legislators who picked ideological fights opposing things like responsible masking, testing, vaccination, and ventilation improvements for partisan reasons. Biden’s administration has continued to promote the false idea that the vaccine is all that is needed, perpetuating the notion that the pandemic is over and you don’t need to do anything about it. Biden stopped the funding for surveillance and he stopped the funding for renewing vaccine advancement research. Trump allowed 400,000 people to die unnecessarily. The Biden administration policies have allowed more than 800,000 to 900,000 and counting.

I would further note that all the while, the White House has maintained the very strictest abatements to protect people who live and work there from the virus: In order to enter the White House, they have to have had no symptoms for 14 days, the latest booster vaccinations up-to-date, and a negative rapid test. They have nine or better fresh air exchanges per hour and all filters are upgraded to MERV 13. They have also installed 220 nanometer Germicidal UV lamps. After a positive test, you have to have a PCR Test negative to return to work. The White House admitted quietly on CSPAN that the protections were still in place in July of 2023 when an Israeli delegation was not admitted after testing positive for COVID, after claiming with much fanfare the prior April that the pandemic was over and that it was safe to return to work.

LP: All those precautions are certainly not happening at the workplaces of the vast majority of Americans and in our schools.

PA: No.

LP: So what would Trump’s grade have been?

PA: D at best. He screwed up on the distribution and he politicized the whole thing so that now half the country doesn’t think the pandemic is real, and too many are disregarding precautions and opposing public health efforts. Trump really started the destruction of public health in the United States.

LP: How can we push for more effective COVID action from the government? Where to start?

PA: I think the number one thing is holding the people accountable who gave the bad advice that led to so many deaths, and removing them from positions of influence. It boggles my mind that in the UK, the proponents of the Great Barrington Declaration, which advocated for a herd immunity approach, continue to advise the government. That's still the policy in the UK, and it's still the policy here. We're still acting like Long COVID doesn't exist despite the growing mountain of evidence to the contrary.

LP: For those who may not recall, the Great Barrington Declaration was a controversial proposal sponsored by a libertarian think tank in 2020, which got people thinking that a sort of global chickenpox party would be a good idea for COVID — that it would help us achieve herd immunity. The herd immunity approach to COVID is now widely regarded as impractical and unethical.

PA: Correct. And we now have irrefutable evidence that each additional infection a person gets does mounting *cumulative* damage to the immune system.

LP: If you had to sum up your greatest concern right now, what would it be?

PA: That we're slowly debilitating a generation by refusing to take obvious precautions.

LP: The parallels between the COVID situation and the Spanish flu are striking. The data from that pandemic tells a story of a generation dealing with all kinds of incapacitation, with many facing lasting post-infection health issues like respiratory troubles, neurological issues, and psychiatric disorders.

PA: Oh, for sure. People really want to forget what happened.

LP: Today, you see folks getting sick in all sorts of ways - dizziness, vision problems, more colds than usual, etc. — and yet don't imagine it could be COVID-related. There's this disconnect happening.

PA: Yes. You hear people saying they have another flu and they've had a cough for two weeks. But there's no flu in circulation — and few flu infections last for two weeks. People don't have a clear understanding of how you can still contract the virus. In their defense, no one has told them plainly that just walking into a room where someone with COVID was 40 minutes ago could get you infected.

LP: And as you've noted, a key issue is that people often don't realize they've been infected or reinfected. How accurate are the over-the-counter tests at this point?

PA: Not very accurate at all because they haven't been updated. They haven't been updated because the government stopped sponsoring the creation of those tests. The volume of testing has dropped so low, it's just not profitable for companies to develop new ones anymore.

LP: If you're sick, how do you find out if it's COVID or COVID-related?

PA: This is one of the problems with Long COVID. Many insurance companies are not even recognizing that Long COVID exists. Those that do require that you have a confirmatory PCR test. But many people have had COVID and *didn't* get the PCR test. The good news is that now there's a nucleocapsid test. This test can show you that you have had COVID, even if you don't have an active infection now. So that is something.

But it's a battle. My friend's child is covered by Kaiser and they are completely incapable and unwilling to do anything to help her because she's got a myriad of symptoms and doesn't fit into their neat stovepipes of medical disciplines. Her brain was attacked by the virus and her autonomic nervous system doesn't work properly. She's got heart rate control issues, severe anemia, and sugar metabolism problems that are akin to diabetes, but it's not quite diabetes. She's got seizures, muscle tremors, cognitive issues, and vision problems. All these things come and go depending on how her body is stressed. No one in Kaiser is steeped in Long COVID or the fact that all these symptoms come from the original source of a viral infection, just like HIV.

Some places offer help. There is a local Long COVID care clinic at UC San Francisco and another one at Stanford. But if you can’t get a referral to those people, you’re screwed. And by the way, these places are overwhelmed. They’re not taking a lot of new patients.

LP: Can you say more about what’s at stake if we continue this way, with the low vaccination rates and abandonment of abatement measures?

PA: What does this look like if we continue on the way we are doing right now? What is the worst-case scenario? Well, I think there are two important eventualities. So we’re what, four years in? Most people have had COVID three and a half times on average already. After another four years of the same pattern, if we don’t change course, most people in the U.S. will have some flavor of Long COVID of one sort or another.

LP: That’s a really alarming possibility — that most Americans could potentially have Long COVID in as little as four years?

PA: That’s what I’m saying. And we know that somewhere between five and eight percent of those people will be so debilitated that they will no longer be able to work.

LP: What would be at the top of your list to move us in a better direction right now?

PA: I would put in place indoor air quality standards with teeth, standards that have tough compliance penalties, and requirements that every tested location be measured and certified regularly. And that should start with the schools. Then I would go to superspreader venues: arenas and churches, restaurants, bars, and gyms, especially the businesses that are densely populated, like meatpacking and assembly lines and things like that.

LP: Say you’ve taken your individual precautions - you’re getting your vaccine shot every six months, you mask in crowded places. What if your boss says, “I’m not shelling out fifty bucks for a CO2 device to test the air quality”? What can we do?

PA: It’s an important question. OSHA [the Occupational Safety and Health Administration] has been largely sidelined. Their decision not to emphasize the airborne transmission message stemmed from their acknowledgment that if they did, it would shift liability from individuals avoiding droplet transmission to institutions responsible for maintaining air quality. And they did not want the institutions to have that liability. Now, without question, the CDC and the WHO have finally acknowledged that they’ve been aware all along of its airborne nature. Donald Trump admitted as president he knew it was airborne in February of 2020.

We’ve been advising them since that time that it was airborne. In May 2020 [atmospheric chemist] Kim Prather did the actual physical experiment that demonstrated unequivocally that it was airborne and briefed [Anthony] Fauci and [Deborah] Birx in the White House. They have known for a long time that it’s airborne and they have resisted. And OSHA has been effectively powerless.

But I think the key is now that everyone’s admitted that the virus is airborne, there needs to be new indoor air quality standards. The healthcare industry has to require that healthcare workers are given proper respirators, N95 or better respirators, and not surgical masks.

I’m encouraged by a recent Colorado ruling where a surviving spouse got a judgment for her husband who was a healthcare worker. The courts said that the illness he died from was due to COVID contracted on the job and the employer, a nursing home, is responsible. That happened for the first time a few weeks ago.

LP: That’s a bit of encouraging news. Which nations, by the way, are doing a better job than the US and the UK? Who can we learn from?

PA: Those that did the best job are the ones that were run by women, notably, New Zealand, Taiwan, Norway, and Finland. It’s also the ones that are run by scientists and engineers: Singapore, Taiwan, Japan, Korea, Germany. The ones run by right-wing demagogues have done the worst.

LP: How can advances in surveillance and tracking technology help us as we go forward?

PA: Well, they’re almost immaterial because the government has shut down all the subsidies for them. The CMS [Centers for Medicare & Medicaid Services] system still wants to charge so much for testing that it’s not monetarily feasible to do it on a national scale. And the government just turned off the requirement that the hospitals report their occupancy anymore. We’re turning off all the surveillance systems to try and get people to forget the fact that it’s still ongoing. Each new variant, really it’s just a coin toss on how lethal it is.

Now we also have to be concerned about the bird flu and the responses and mitigation efforts associated with that. Bird flu appears to have a very high death rate from infection, as high as 58%.

LP: The situation with bird flu is certainly getting more concerning with the CDC confirming that a third person in the U.S. has tested positive after being exposed to infected cows.

PA: Unfortunately, we’re repeating many of the same mistakes because we now know that the bird flu has made the jump to several species. The most important one now, of course, is the dairy cows. The dairy farmers have been refusing to let the government come in and inspect and test the cows. A team from Ohio State tested milk from a supermarket and found that 50% of the milk they tested was positive for bird flu viral particles.

LP: The FDA says that the milk is safe due to pasteurization, but they’re telling some states to curb the sale of raw milk and to test cows. What are you most concerned about?

PA: There’s a serious risk now in allowing the virus to freely evolve within the cow population. Each cow acts as a breeding ground for countless genetic mutations, potentially leading to strains capable of jumping to other species. If any of those countless genetic experiments within each cow prove successful in developing a strain transmissible to humans, we could face another pandemic – only this one could have a 58% death rate. Did you see the movie “Contagion?” It was remarkably accurate in its apocalyptic nature. And that virus only had a 20% death rate. If the bird flu makes the jump to human-to-human transition with even half of its current lethality, that would be disastrous.

LP: Does the mishandling of COVID render the population more vulnerable to other pandemics?

PA: Yes, it does. We’re facing a population with weakened immune systems that resist adhering to pandemic controls. That’s not a good foundation for dealing with bird flu and other potential pandemics.

LP: Thank you, Phillip. I hope we’ll be talking to you again as the bird flu situation progresses.

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